

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567328

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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5						
6		①				
7		②				
8		③				
9		④				
10		⑤				
11	1	⑥				
12		⑦				
13		⑧				
14		⑨				
15		⑩				
16		⑪				
17		⑫				
18		⑬				
19		⑭				
20		⑮				
21		⑯				
22		⑰				
23		⑱				
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TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						